Und	. : PATI	Reduction Act of ENT APPLICATION OF ACT OF APPLICATION OF ACT OF	FEE DETER	N R	eccion of info	mation unles	ss it displays a valid OMB control number. Application on Docket Number				
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR I	OTHER THAN OR SMALL ENTITY	
	FOR	NI HARE	NUMBER FILED NUMBER				RATE	FEE		RATE	FEE
BASIC	FEE	- Nombe						, <u>39</u> 5	OR		<u>.790</u>
TOTA	FR 1.16(a)) L CLAIMS						x 5 9 =		OR	x s 8 =	
	FR 1.16(c)) PENDENT CLAIN	AS .	minus 20 =			<u> </u>			OR *	x \$ <u>85</u> =	
(37 CFR 1.16(b)) minus 3 = *				-	^		1 '	+:300=			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+s <u>150</u> =		OR	+\$ 20 =	
* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL		OR.	TOTAL	
•											
11-30 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									OR		THAN
				(Column 2)	(Column 3)	1 [SMALL E	NIIIT	1		ENTITY
ΤA		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	AMENDMENT	Minus	PAID FOR	=	1	× 59 =	•	OR	x s/8 =	
MENDMENT	(37 CFR 1.16(c)) Independent	. 1/	Minus	<u></u>	=	1 1	<u> </u>	-	1	x \$ 88 =	
힣	(37 CFR 1.16(b))	4		<u> </u>	l	1	× 844 =		OR	2/1	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+\$/50=		OR	TOTAL	·
							TOTAL ADD'L FEE •		OR	ADD'L FEE	L
	• •	(Column 1)		(Column 2)	(Column 3)				- :		eri Terretari
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=]	x \$ 4/_=		OR	x s <u>/8</u> =	
Q.	(37 CFR 1.16(c)) Independent	 	Minus	***	=	1	× \$ 44 =		OR	x \$ <u>88</u> =	·
AME	(37 CFR 1.16(b))					1	150		OR	+5200=	
$^{\scriptscriptstyle{\vee}}$	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$/		1	TOTAL	
ļ							ADD'L FEE		OR	ADD'L FEE	
		(Column 1)	_	(Column 2)	(Column 3)	_		<u> </u>	٦	·	Т
MENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	"	=	1	x s_9 =		OR	x \$ /8_=	ļ
	(37 CFR 1.16(c)) Independent (37 CFR 1.16(b))	 	Minus	***	=	1	× s44 =		OR	x s <u>88</u> =	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$ 150=		OR	+ s300 =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
Ì	If the entry in	column 1 is less th	an the ent	ry in column 2, w	rite "0" in colum	nn 3.			- .	•	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.
 This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete.
 USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete.
 USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete.
 USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.16. The minormation is required to obtain or retain a benefit by the public which is to file (and by the USPTO to more with a benefit by the public which is to file (and by the public w

If you need essistance in completing the form, call 1-800-PTO-9199 and select option 2